

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7-17-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes E0781, E0236, E1399 and L3670 .

II. FINDINGS

The respondent denied reimbursement based upon “G – Unbundling; S – Supplemental Payment; and Z – Preauthorization requested and denied ; and F – Re-evaluation – no additional payment recommended.”

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
12-12-02	E0781	\$485.00	\$244.67	S	DOP	General Instructions GR III Durable Medical Equipment GR (VIII)(IX) Rule 134.600	Ambulatory Infusion Pump - Requestor submitted prescription, letter of medical necessity, description of DME product to support billing per MFG; therefore, additional reimbursement of \$240.33 is recommended.
	E1399	\$75.00	\$00.00	G, Z	DOP		Cold Therapy Cooler Wrap – Service is not global to any DME item rendered on this date; Preauthorization is not required per Rule 134.600; therefore, reimbursement of \$75.00 is recommended.
	E1399	\$155.00	\$00.00	G, Z	DOP		Water Circulating Pad - Service is not global to any DME item rendered on this date; Preauthorization is not required per Rule 134.600; therefore, reimbursement of \$155.00 is recommended.

	E1399	\$45.00	\$00.00	G, Z	DOP		Crutches - Service is not global to any DME item rendered on this date; Preauthorization is not required per Rule 134.600; therefore, reimbursement of \$45.00 is recommended.
12-12-02	E0236	\$494.00	\$00.00	Z	DOP	Rule 134.600	Pump for Water Circulating - Preauthorization is not required per Rule 134.600; therefore, reimbursement of \$494.00 is recommended.
	L3670	\$450.00	\$109.72	F	DOP	General Instructions GR III Durable Medical Equipment GR (VIII)(IX)	Shoulder Orthosis - Requestor submitted prescription and description of DME product to support billing per MFG; therefore, additional reimbursement of \$340.28 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$1349.61.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, E0781, E0236, E1399 and L3670, in the amount of **\$1349.61**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1349.61** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 10th day of May 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division